

COUNTY OF MAUI  
PLANNING DEPARTMENT  
250 SOUTH HIGH STREET  
WAILUKU, MAUI, HAWAII 96793  
TELEPHONE: (808) 270-7735 FAX: (808) 270-7634

**MOLOKAI PLANNING COMMISSION  
SHORELINE SETBACK VARIANCE**

SOURCE OF LEGAL AUTHORITY:

Chapter 205, Hawaii Revised Statutes,  
as amended Article III, Rules and  
Regulation of the Maui County Planning  
Commission.

INFORMATIONAL SHEET

A variance is required for all proposed structures, facilities, construction or any such activities which are prohibited within the shoreline setback area. (The shoreline setback is not less than 25 feet and not more than 150 feet inland from the upper reaches of the wash of waves, usually evidenced by the edge of vegetation growth, or the upper line of debris left by wash of the waves.) This will protect the public's right of utilize and enjoy the shoreline to the fullest extent possible; to preserve the natural shoreline environment with compatible man-made features, and to protect the natural shoreline processes.

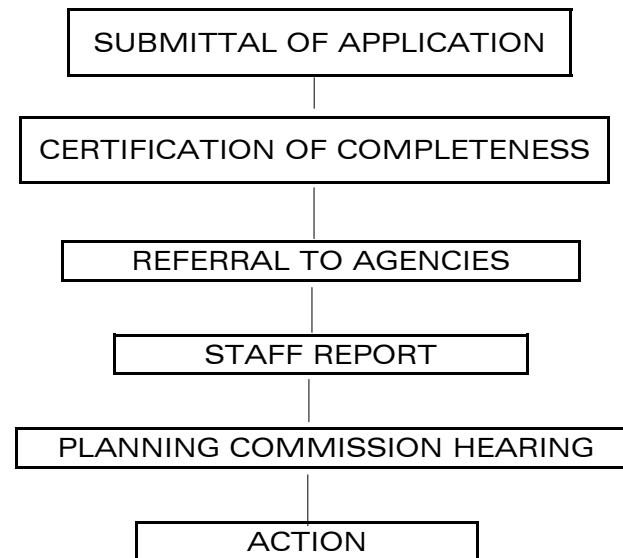
Upon submittal of a Shoreline Setback Variance Application, it will be reviewed for completeness.

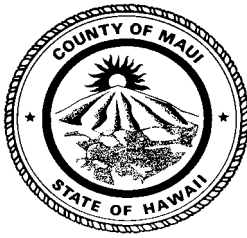
Upon certification of completeness, a hearing will be scheduled with the Molokai Planning Commission to review and act upon the Commission hearing, the following must be completed:

PLANNING DEPARTMENT:

1. Referral to other agencies for comments.
2. Preparation of report.

## FLOW CHART





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APPLICATION TYPE: **MOLOKAI PLANNING COMMISSION  
SHORELINE SETBACK VARIANCE**

DATE: \_\_\_\_\_ Valuation: \$ \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROPOSED DEVELOPMENT: \_\_\_\_\_

\_\_\_\_\_

TAX MAP KEY NO.: \_\_\_\_\_ CPR/HPR NO.: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE:(B) \_\_\_\_\_ (H) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (B): \_\_\_\_\_ (H): \_\_\_\_\_ FAX: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (B): \_\_\_\_\_ (H): \_\_\_\_\_ FAX: \_\_\_\_\_

EXISTING USE OF PROPERTY: \_\_\_\_\_

CURRENT STATE LAND USE DISTRICT BOUNDARY DESIGNATION: \_\_\_\_\_

COMMUNITY PLAN DESIGNATION: \_\_\_\_\_ ZONING DESIGNATION: \_\_\_\_\_

OTHER SPECIAL DESIGNATIONS: \_\_\_\_\_

SHORELINE SETBACK VARIANCE  
REQUIRED SUBMITTALS

- \_\_\_\_\_ 1. Evidence that the applicant is the owner or lessee of record of the real property.
- \_\_\_\_\_ 2. A notarized letter of authorization from the legal owner if the applicant is not the owner.
- \_\_\_\_\_ 3. Original and (2) copies of the shoreline survey certified by the Department of Land and Natural Resources within the preceding (12) months.
- \_\_\_\_\_ 4. Original and one (1) set of a site plan showing the location of the shoreline drawn to a minimum scale of 1"=20'. The shoreline and existing conditions along properties immediately adjacent shall also be shown on the site plans. It shall also include contours at a minimum interval of 2 feet, together with all natural and man made features in the subject area unless otherwise required by the Director.
- \_\_\_\_\_ 5. A written justification for the requested variance.
- \_\_\_\_\_ 6. Original and one (1) set of a preliminary drainage and erosion control report, and a grading plan.
- \_\_\_\_\_ 7. Original and one (1) set of an environmental assessment may be required.
- \_\_\_\_\_ 8. Photographs (preferably slides) of the shoreline area.
- \_\_\_\_\_ 9. A **Non-refundable** filing fee (See fee schedule, Table A); checks payable to *County of Maui, Director of Finance*.

NOTE: Original and one (1) set of items 3 - 7 will be reviewed by Planning Department Staff for transmittal to agencies. Planning Department will notify the applicant of how many additional sets of application packet are needed for agency transmittal.

Date: \_\_\_\_\_

TO:

Please be informed that the undersigned has applied to the Molokai Planning Commission of the County of Maui for a Shorelines Setback Variance at the following parcel:

1. Tax Map Key: \_\_\_\_\_
2. Location: In the vicinity of \_\_\_\_\_
3. Zoning Description: \_\_\_\_\_
4. Proposed Use: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE PLANNING DEPARTMENT:**

Public Hearing Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Attached, please find a map identifying the location of the specific parcel being considered in the request for Shoreline Setback Variance Application.

Petitions to intervene shall be in conformity with §12-1-16, of the Rules of Practice and Procedure, for the Molokai Planning Commission, and shall be filed with the Commission, and served upon the applicant no less than ten (10) days before the first public hearing date. Filing of all documents of the Commission is in c/o the Maui Planning Commission, 250 South High Street, Wailuku, Maui, Hawaii, 96793.

The computation of time begins with the day following the act, event, or default, and includes the last day of the period, unless, it is a Saturday, Sunday or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday or holiday. When the prescribed period of time is ten (10) day or less, Saturdays, Sundays, or holidays within the designated period, shall be excluded in the computation.

Any party may be represented by Counsel or other representative(s).

Information relative to the application is available for review at the Planning Department, 250 South High Street, Wailuku, Maui, Hawaii, or telephone 270-7735, or toll-free from Molokai at 1-800-272-0117, extension 7735, or toll-free from Lanai at 1-800-272-0125, extension 7735.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant's Agent, (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

COUNTY OF MAUI  
DEPARTMENT OF PLANNING

ZONING AND FLOOD CONFIRMATION REQUEST FORM

APPLICANT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

ADDRESS AND/OR LOCATION: \_\_\_\_\_

TMK NUMBER(S): \_\_\_\_\_

**ZONING INFORMATION**

STATE LAND USE \_\_\_\_\_ COMMUNITY PLAN \_\_\_\_\_

COUNTY ZONING \_\_\_\_\_ SPECIAL DISTRICT \_\_\_\_\_

OTHER \_\_\_\_\_

**FLOOD INFORMATION**

FLOOD HAZARD AREA\* ZONE \_\_\_\_\_

BASE FLOOD ELEVATION \_\_\_\_\_ mean sea level, 1929 National  
Geodetic Vertical Datum or for Flood Zone A0, FLOOD DEPTH \_\_\_\_\_ feet.

FLOODWAY [ ] Yes or [ ] No

FLOOD DEVELOPMENT PERMIT IS REQUIRED [ ] Yes or [ ] No

\* For flood hazard area zones B or C; a flood development permit would be required if any work is done in any drainage facility or stream area that would reduce the capacity of the drainage facility, river, or stream, or adversely affect downstream property.

\*\*\*\*\*

**FOR COUNTY USE ONLY**

REMARKS/COMMENTS: \_\_\_\_\_

- ☐ Additional information required.
- ☐ Information submitted is correct.
- ☐ Correction has been made and initialed.

Reviewed and Confirmed by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Zoning Administration and Enforcement Division

09/03